

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		7/3	5-3-01
FORMALITY REVIEW	ER	100	5-18-01
RESPONSE FORMALITY REVIEW	ER	1091	9-18-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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RES-30583  
 4/28/01

14 3  
 5-18-01  
 1453  
 530  
 4/15/01

If more than 150 claims or 10 actions  
 staple additional sheet her

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